



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

# Q Fever

County \_\_\_\_\_

**LHJ Use ID** \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use ID** \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Retrobulbar headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Cough onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Rash

### Predisposing Conditions

**Y N DK NA**

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_

OB name, address, phone: \_\_\_\_\_

☐ ☐ ☐ ☐ Valvular heart disease or vascular graft

### Clinical Findings

**Y N DK NA**

☐ ☐ ☐ ☐ **Meningoencephalitis**

☐ ☐ ☐ ☐ **Hepatitis**

☐ ☐ ☐ ☐ Hepatomegaly

☐ ☐ ☐ ☐ Splenomegaly

☐ ☐ ☐ ☐ **Pneumonia or pneumonitis**

X-ray confirmed ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Endocarditis

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ **C. burnetii isolation by culture (clinical specimen)**

☐ ☐ ☐ ☐ **C. burnetii antigen or nucleic acid detection (clinical specimen)**

☐ ☐ ☐ ☐ **C. burnetii IgG or IgM positive**

☐ ☐ ☐ ☐ **C. burnetii phase II or phase I antigen antibody titer shows => 4-fold rise (paired serum specimens ideally taken 3-6 weeks apart)**

☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT (AST), SGPT (ALT)) elevated above normal**

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

Exposure period

-21

-14

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_  
\_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ **Epidemiologically linked to a consistent exposure**
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Case lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- Animal birthing/placentas ☐ Y ☐ N ☐ DK ☐ NA
- Animal (specify): \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Animal hair, wool, hides, bones
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
- Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA
- Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA
- Goat ☐ Y ☐ N ☐ DK ☐ NA
- Sheep ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure
- ☐ ☐ ☐ ☐ Other exposure to animal or bird  
Specify animal or bird: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Employed in laboratory
- ☐ ☐ ☐ ☐ Any medical or dental procedure
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient,  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)  
Date of receipt/transfusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Source animal or bird identified
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency and location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Notify blood or tissue bank
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_